## AUSTIN PEAY STATE UNIVERSITY
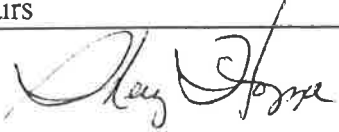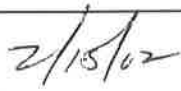## POLICIES AND PROCEDURES MANUAL

| Policy Number: 2:010 | Supersedes Policy Number: New Policy |
|---|---|
| Date: | Dated: |
| Subject: Electronic Access to Student Records | |
| Initiating Authority: Vice President for Academic Affairs | TBR Policy/Guideline Reference: S-020 |
| Approved: President: | 2/15/02 |

Purpose

The purpose of this policy is to develop procedures at Austin Peay State University for electronic access to student records consistent with TBR Guideline S-020, Confidentiality of Student Records.

Disclosure within the Institution

Only University officials and /or persons employed by the institution who exhibit a genuine need to know based on a legitimate educational interest may have access to students' record. A legitimate educational interest shall be limited to an interest arising from the faculty/staff member's fulfillment of his/her assigned responsibilities and disclosure shall be limited to such information as necessary to fulfill these responsibilities.

Request for Electronic Access

1. Faculty/staff members must apply through their respective department for an academic and/or administrative account and for access to menus and screens.

2. The request for an account is forwarded to Computer Services for processing.

3. The request for access to menus and screens is forwarded to the individual responsible for the menu/screen for approval and processing.

4. Templates must be used to insure that faculty/staff members within the same category have the same access (i.e., the "Faculty Advisor" template includes the following SIS screens: 041, 148, GRP, HOL, MID, 04E, 007, 008, 136, A89, 105, 003, 0438, 107, 111, 1G7, 1F2, 1F5, A11, IEI, 118, 130, 143, 144, 127, 205, 209, 211, LAP, GRI, TRI, 144, 143, 142, 141, 036, 035, RES, GRD, 651, 652, 654, 655, 672, 681, MAJ, 142, R30, 221, CAL, 210, A13.)

## Appeals Process

If the faculty/staff member's request for access is denied, he/she may appeal through Academic Council.

# FACULTY/STAFF/STUDENT WORKER ACCOUNT APPLICATION

Name: _____

Department: _____

Purpose for Account: _____

_____

Date: _____

Dept. Acct. Number: _____

Expiration Date: _____

Type of Service:    Academic ( )    Administrative ( )    Computer Services Staff ( )

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A **USERNAME AND PASSWORD** are required to login the VAX. Your **USERNAME** (no more than 12 characters) consists of your last name followed by your first initial. (e.g. John Smith - Username SMITHJ). Initial **PASSWORD** is your Social Security number. At first login, you will be forced to change the password.

USERNAME: _____    SOCIAL SECURITY NUMBER: _____

I have read the *AUSTIN PEAY STATE UNIVERSITY CODE OF COMPUTING PRACTICE* and I agree to abide by these regulations while using this system. (Regulations may be found in the APSU Policies and Procedures Manual or may be obtained from Computer Services.)

_____                    _____
*User's Signature*                                                    *Date*

Approval: _____              _____
*Supervisor's Signature*                                              *Date*

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Device: _____ Directory: _____ UIC: _____

Exceptions to Default Account: _____

Date Entered: _____ By: _____ Acct: _____ _____
                                                                                    NB                P

Date Removed: _____ By: _____ Acct: _____ _____
                                                                                    NB                P

# MENU PROGRAM ACCESS FORM

_____
*Supervisor's Signature*

Supervisors will fill in this form after their employee has an AlphaServer account. If you want to grant access to a program controlled by another office, the supervisor of that office must sign in the rightmost column. Be sure that the AlphaServer username matches the employee's username on his/her original AlphaServer account application.

## ADDITIONS TO PROGRAMS

| Employee Name | AlphaServer Username | Name of Menu Program | Signature (If owned by another office) |
|---|---|---|---|
| | | | |

## DELETIONS FROM PROGRAMS

| Employee Name | AlphaServer Username | Name of Menu Programs (If all write "all") |
|---|---|---|
| | | |

### DELETE ENTIRE ALPHASERVER ACCOUNT
☐ YES     or     ☐ NO

Date Completed:_____ By:_____

# SIS Screen Security

## Operator Identification - Indicate action using one of the following:

**A** - Add Screens     **D** - Delete Operator from SIS     **R** - Replace Screen Security

Action_____     Name_____     Date _____

Username_____     Department_____

## I. Screens - Indicate the *function* and *screen*(s) the user has access to. Use one of the following function codes:

**A**- Update & Inquiry     **D**-Deny     **I**- Inquiry     **Example:** I-136

### Shared Components (000-099), Student Records
### and On Course (100-199, 600-699, A Screens)

___-___   ___-___   ___-___   ___-___   ___-___   ___-___   ___-___   ___-___   ___-___   ___-___

___-___   ___-___   ___-___   ___-___   ___-___   ___-___   ___-___   ___-___   ___-___   ___-___

___-___   ___-___   ___-___   ___-___   ___-___   ___-___   ___-___   ___-___   ___-___   ___-___

................................................................................................
Director of Records & Registration                                           Date

### Admissions (200-299, L Screens)

___-___   ___-___   ___-___   ___-___   ___-___   ___-___   ___-___   ___-___   ___-___   ___-___

___-___   ___-___   ___-___   ___-___   ___-___   ___-___   ___-___   ___-___   ___-___   ___-___

................................................................................................
Director of Admissions                                                       Date

### Financial Aid (300-399)

___-___   ___-___   ___-___   ___-___   ___-___   ___-___   ___-___   ___-___   ___-___   ___-___

___-___   ___-___   ___-___   ___-___   ___-___   ___-___   ___-___   ___-___   ___-___   ___-___

................................................................................................
Director of Financial Aid                                                    Date

### Billing/Receivables (400-499)

___-___   ___-___   ___-___   ___-___   ___-___   ___-___   ___-___   ___-___   ___-___   ___-___

___-___   ___-___   ___-___   ___-___   ___-___   ___-___   ___-___   ___-___   ___-___   ___-___

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Director of Business Services                                                Dat

### Other Modules (R20-R, Etc.)

___-___   ___-___   ___-___   ___-___   ___-___   ___-___   ___-___   ___-___   ___-___   ___-___

## III. SIS Signoff (Computer Services Use)

................................................................................................
Owner of Screens                                                             Da

_____           _____
SIS Security Approval                    SIS Coordinator                      D